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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission		Attorney Docket Number	V0028/260265
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ENCLOSURES (check all that apply)

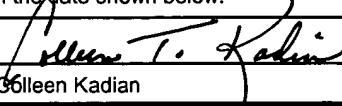
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm	KILPATRICK STOCKTON LLP		
Signature			
Printed Name	Catherine E. Fiennes		
Date	November 8, 2004	Reg. No.	54,095

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	Colleen Kadian
Date	November 8, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 430

Complete If Known

Application Number	09/904,154
Filing Date	07/12/2001
First Named Inventor	van den Nieuwelaar
Examiner Name	PARSLEY, David J.
Art Unit	3643
Attorney Docket No.	V0028/260265

METHOD OF PAYMENT (check all that apply)

Check Credit card Money Other None
Order

Deposit Account:

Deposit Account Number	11-0855
Deposit Account Name	KILPATRICK STOCKTON LLP

The Director is authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) or any underpayment of fee(s)
 Charge fee(s) indicated below, except for the filing fee
 to the above-identified deposit account.

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1051	130	2051	65	Surcharge - late filing fee or oath	
		1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet.	
		1053	130	1053	130	Non-English specification	
		1812	2,520	1812	2,520	For filing a request for ex parte reexamination	
		1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
		1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
		1251	110	2251	55	Extension for reply within first month	
		1252	430	2252	215	Extension for reply within second month	430
		1253	980	2253	490	Extension for reply within third month	
		1254	1,530	2254	765	Extension for reply within fourth month	
		1255	2,080	2255	1,040	Extension for reply within fifth month	
		1401	340	2401	170	Notice of Appeal	
		1402	340	2402	170	Filing a brief in support of an appeal	
		1403	300	2403	150	Request for oral hearing	
		1451	1,510	1451	1,510	Petition to institute a public use proceeding	
		1452	110	2452	55	Petition to revive – unavoidable	
		1453	1,370	2453	685	Petition to revive – unintentional	
		1501	1,370	2501	685	Utility issue fee (or reissue)	
		1502	490	2502	245	Design issue fee	
		1503	660	2503	330	Plant issue fee	
Total Claims	-20 **	= 0	X 0 = 0			Petitions to the Commissioner	
Independent Claims	-3 **	= 0	X 0 = 0			Processing fee under 37 CFR 1.17 (q)	
Multiple Dependent			X 0 = 0			Submission of Information Disclosure Stmt	
						Recording each patent assignment per property (times number of properties)	
						Filing a submission after final rejection (37 CFR § 1.129(a))	
						For each additional invention to be examined (37 CFR § 1.129(b))	
						Request for Continued Examination (RCE)	
						Request for expedited examination of a design application	

FEE CALCULATION

1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	790	2001	395	Utility filing fee	
1002	350	2002	175	Design filing fee	
1003	550	2003	275	Plant filing fee	
1004	790	2004	395	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)			(\$ 0)		

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

	Extra Claims	Fee from below	Fee Paid
Total Claims	-20 **	= 0 X 0 = 0	
Independent Claims	-3 **	= 0 X 0 = 0	
Multiple Dependent		X 0 = 0	

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	88	2201	44	Independent claims in excess of 3	
1203	300	2203	150	Multiple dependent claim, if not paid	
1204	88	2204	44	** Reissue independent claims over original patent	
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)			(\$ 0)		

***or number previously paid, if greater; For Reissues, see above*

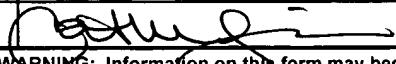
Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 430)

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Catherine E. Fiennings	Registration No. (Attorney/Agent)	54,095	Telephone	404-532-6938
Signature				Date	November 8, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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